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APPLICANTS

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 ** CONTINUING DATA *NONE LP* *****

 ** FOREIGN APPLICATIONS *NONE LP* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CO | SHEETS DRAWING 5 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | EXAMINER'S SIGNATURE <i>[Signature]</i> | INITIALS <i>[Initials]</i> | | |
| Verified and Acknowledged | | | | |

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TITLE

Portable mask for detainee

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 421 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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